

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 19/890109 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	/		/			
8	/		/			
9	/		/			
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14	7		/			
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28	2		/			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			25			
TOTAL CLAIMS		29				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.			4					
TOTAL DEP.			25					
TOTAL CLAIMS		29						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS